

ORIGINAL

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKFILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

NOV 26 2010

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.
NOV 18 2010

JOSE MORALES

BROOKLYN OFFICE
10-5555BROOKLYN OFFICE
5555

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

under the

Def. CAMPOS, Martin shield # 176
 Def. PASCALE, Kenneth shield # 9527
 25th Precinct
 120 E 119 St
 NY NYC 10035

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

VITALIANO, J.

BLOOM, M.J.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

JOSE MORALES

ID #

3491016299

Current Institution

NIC

Address

1500 Hazen St

E. ELMHURST NY 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Det. Martin Campos Shield # 176Where Currently Employed 26th PrecinctAddress 120 E 119th Lexington Ave
NY NYC 10035

Defendant No. 2

Name Det Kenneth Pascale Shield # 7527Where Currently Employed 25th PrecinctAddress 120 E 119th Lexington Ave
NY NYC 10035

Defendant No. 3

Name _____ Shield # _____

Where Currently Employed _____

Address _____

Defendant No. 4

Name _____ Shield # _____

Where Currently Employed _____

Address _____

Defendant No. 5

Name _____ Shield # _____

Where Currently Employed _____

Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? N/AB. Where in the institution did the events giving rise to your claim(s) occur? N/AC. What date and approximate time did the events giving rise to your claim(s) occur? Oct 8 2010 At 10:45 AM

★ NOV 18 2010 ★

(EXHIBITS)
A

BROOKLYN OFFICE

OCT 8 2010 AT ^E124ST Lexington I WAS ARREST. I LET THE ARREST OFFICERS KNOW I WAS WHEELCHAIR BOUND AND PARALYZED THEY CUFFED ME TO MY WHEELCHAIR AND WALKED ME TO THE PECT FROM ^E124ST LEX TO ^E119ST Lexington I ASK THEM TO PLEASE GET ME A WHEELCHAIR VAN THEY TOLD ME YOU DONT NEED A WHEELCHAIR VAN WE ARE WALKING YOU TO THE ²⁵ PECT THESE OFFICERS VIOLATION MY ADA RIGHT. THEN WHEN IT WAS TIME TO GO TO CENTER BOOKING THEY PUT 2 TABLES TOGETHER AND USE THE TABLES AS RAMPS TO PLACE ME IN A UN MARK VAN TO TAKE ME TO CENTER BOOKING I WAS NOT CUFFED TO ANYTHING EVERY TIME THEY TURN A CORNER I HIT MY HEAD EVERY TIME THEY STOP ON A LIGHT I HURT MY NECK WHEN I ASK TO SEE A DOCTOR THE OFFICERS TOLD ME IF WE TAKE YOU TO THE HOSPITAL ITS GOING TO TAKE LONGER FOR U TO SEE THE JUDGE. I TOLD ME SO I WANT TO SEE A DOCTOR THE OFFICER SAID U ARE HERE NOW SO U ARE GOIN TO SEE THE JUDGE WE ARE NOT TAKING U TO NO HOSPITAL FORGET ABOUT THAT MR MORALES. I WAS IN A LOT OF PAIN AND I AM ON GOING PAIN TO THIS DATE AS A DISABILT PERSON THESE OFFICERS VIOLATION ALL MY RIGHTS A A HANDICAP PERSON ALL MY (A.D.A) RIGHTS 42 U.S.C §§ 12101-12213 THE ADA PREVENTS DISCRIMINATION AGAINST PEOPLE WITH DISABILITIES PHYSICAL OR MENTAL DISABILITY! AND THOSE OFFICERS VIOLATION ALL MY ADA RIGHTS.

D. Facts:

Exhibit A

What happened to you?

Attachment.

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I hurt my neck and also my head and received treatment at 1500 Hazel St E. Elmhurst NY 11370 P.A. LAROSA

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes _____ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). N/A

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes _____ No _____ Do Not Know ☒

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes _____ No _____ Do Not Know ☒

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes _____ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance? N/A

1. Which claim(s) in this complaint did you grieve? N/A

2. What was the result, if any? N/A

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. N/A

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: N/A

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any:

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

N/A

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I would like the Court to have NYPD to get wheelchair vans and I would like 100,000 for my injuries. AND ALSO VIOLATION ALL MY (ADA) Right as a disable person PAIN & SUFFERING MONEY DAMAGE

On
these
claims

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No X

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No X

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No X

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 27 day of oct, 2010

Signature of Plaintiff

Inmate Number

Institution Address

Jose Morales
349 1016299
NFC
1500 HAZEN ST
E. ELMHURST
NY 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 27 day of oct, 2010 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Jose Morales

Dec 19 2010

Jose Morales

3491016299

VIC

500 Hazen St

E. Elmhurst NY 11370

Dorm 3

UNITED STATES DISTRICT COURT

IFP/ALRA

EASTERN DISTRICT OF NEW YORK
PRO SE OFFICEU.S. COURTHOUSE
225 CADMAN PLAZA EAST
BROOKLYN, NEW YORK 11201

Date: Nov 19, 2010

Dear Litigant: Jose Morales

The Court's Pro Se Office received the enclosed papers on NOV. 18 2010. The papers are being returned to you for one or more of the following reasons checked below. Please read this list carefully to correct any mistakes or omissions in your papers. If you decide to proceed with your action, you must return the enclosed papers **WITHIN 14 DAYS FROM THE DATE OF THIS LETTER** for processing (together with this letter).

- ☐ Papers, including complaints, petitions, motions or any other document, cannot be filed without an original signature pursuant to Rule 11 of the Federal Rules of Civil Procedure. Your original signature is needed wherever an "X" appears.
- ☒ A filing fee of \$350 [in cash if submitted in person] or by certified check or money order made payable to the Clerk of Court, U.S.D.C., E.D.N.Y. is required in order to commence a civil action other than an application for a writ of habeas corpus. 28 U.S.C. § 1914. You may request to waive the filing fee by submitting an *in forma pauperis* application (also known as IFP). 28 U.S.C. § 1915. If you are a prisoner, you must also submit the Prisoner Authorization form along with the IFP application. An IFP and/or Prisoner Authorization form is enclosed.
- ☐ Each plaintiff named in the caption must sign the complaint and each plaintiff must submit a separate *in forma pauperis* (IFP) application and/or Prisoner Authorization form, if applicable.
- ☐ Your *in forma pauperis* (IFP) application does not contain enough information for the Court to consider your request. Please fill out the enclosed IFP application. If you are presently incarcerated, please complete the enclosed Prisoner Authorization form as well as the IFP application.
- ☐ Other: _____
- _____
- _____
- _____

Sincerely,

Pro Se Writ Clerk
(718) 613-2665

Enclosure(s)